An audit of lamotrigine use as first-line monotherapy

Tim Betts

Birmingham University Seizure Clinic, Queen Elizabeth Psychiatric Hospital, Birmingham B15 2QZ, UK

Lamotrigine is licensed for first-line monotherapy use in the United Kingdom but many physicians have been reluctant to use it because of its perceived increased cost over conventional first-line antiepileptic medication. Clinical trials, however, have suggested that it has equivalent efficacy to conventional drugs in this role, with a significantly reduced side effect profile.

It has been the policy of the University Seizure Clinic to use lamotrigine as its first-line drug in all epilepsies for some time. This paper reports an audit of the first 100 cases treated, followed-up for a year from the onset of treatment. A low slow dose escalation policy is utilized.

83% of patients have become seizure-free on the drug: 5% were withdrawn because of side effects and in 12% the drug was withdrawn because of a lack of efficacy. The mean total daily dose needed to develop seizure control is less than 100 mg, meaning that the cost of using this drug in this way is not excessive. Because of the risk of developing a hypersensitivity reaction rapid escalation is avoided but this has the advantage of using the minimum dose necessary to control seizures.

As is well known, whatever drug is used first to control epilepsy is likely to succeed: using a drug which is not enzyme-inducing and which does not affect ovarian function in women may be advantageous.

The influence of poorly controlled epilepsy upon family and family functioning

N. Ellis, D. Upton, P. Thompson & P. Smith

Faculty of Community Health Sciences, University of Wales Institute, Cardiff, Llandaff, CF5 2YB, UK

Few studies have examined the problems experienced by families of individuals with epilepsy, especially those caring for adults or adolescents. Using both a cross-sectional survey and a semi-structured interview the study examined the extent of the psychosocial difficulties experienced by families of individuals with epilepsy and the relationship between severity of the epileptic disorder and family functioning. Subjects completed questionnaires on psychological and physical status, social support, satisfaction with services, and family functioning. A number of subjects also undertook a semi-structured interview. The results of this study have important implications for standards of care within epilepsy as it outlines the needs of adults with epilepsy and their families—the latter often being an ignored group. Implications for practitioners and carers who are involved with such groups will be outlined and suggestions on areas needing to be addressed in intervention programmes detailed.

Post-operative memory change in temporal lobectomy patients

Sallie A. Baxendale & Pamela J. Thompson

Institute of Neurology, Department of Neuropsychology, National Hospital for Neurology & Neurosurgery, Queen Square, London WC1N 3BG, UK

Rationale: There is considerable individual variation in the nature, extent and direction of post-operative memory change in temporal lobectomy patients. Patients with surgically remediable temporal lobe epilepsy differ in aetiology, the type and extent of underlying pathology and on a number of demographic and epilepsy-related variables all of which influence their pre- and post-operative neuropsychological functioning. These factors and others associated with post-operative seizure control can also influence patients subjective experience and ratings of memory change. The aim of this study was to investigate the relationship between subjective ratings and objective measures of post-operative change in neuropsychological functioning and to examine the factors that influence both.

Methods: 150 patients who had undergone a unilateral temporal lobectomy (right $n = 69$: RTL; left $n = 81$: LTL) were assessed on neuropsychological tests pre-operatively, 3 months and 1 year post-operatively. The patients also completed mood questionnaires and a subjective memory rating scale at each assessment. Correlation analyses and multiple logistic regression techniques were used to examine the relationship between subjective and objective measures of post-operative change and the factors that predicted both.

Results: Approximately one-third of the patients in the TLR and LTL groups demonstrated a significant post-operative decline on the formal neuropsychological tests. Subjective memory ratings were not strongly correlated with the objective test scores. Different epilepsy and surgical variables were associated with post-operative change on each measure.

Conclusion: Multiple logistic regression analyses can be used to predict post-operative memory change for individual patients. The equations can be used to predict change on both objective and subjective measures of memory function and should be used as a rational basis for the pre-operative counselling of prospective epilepsy surgery patients.